

Wisconsin Dept. of Agriculture Trade and Consumer Protection Agricultural Resource Management Division PO Box 8911 Madison, WI 53708-8911 (608)-224-4634



CORPORATION, TRUST, ESTATE, OR PARTNERSHIP ACKNOWLEDGEMENT

Signature of officer, trustee, personal representative, or partner	Date	
Signature of officer, trustee, personal representative, or partner	Date	
State of Wisconsin) ss		
County of)		
	1 C	
This instrument was executed and acknowledged before me on this	day of, (month)	(year)
byas	,	
(name of officer, trustee, personal representative, or partner)	(title)	
for		
(organization)		
Notary Public, State of Wisconsin		
My commission (is permanent) expires, 20		